



# Screeners Training for Missouri Oral Health Preventive Services Program



State of Missouri Department of Health and Senior Services  
Office of Dental Health/Oral Health Program

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.



# Course Instructions

- **The course will take approximately 30 minutes to complete.**
- **The YouTube training presentation will advance automatically.**
- **You may stop and start this course at any time.**
- **Completion Code = SCREENER**

# **Program Objectives**

**At the completion of this course the learner will be able to:**

- **Describe the four basic components of the Preventive Services Program (PSP)**
- **Explain the arrangement of facilities and materials necessary to conduct a screening**
- **Properly complete the PSP screening form**

# The Preventive Services Program

**The Missouri Oral Health Preventive Services Program (PSP) is a community-based, systems approach to population-based prevention of oral disease.**



# PSP Methodology



## **SURVEILLANCE**

**Annual screening by a licensed dentist or dental hygienist**

## **EDUCATION**

**Curriculum materials available**

## **PREVENTION**

**Fluoride varnish applied twice per year by volunteers**

## **REFERRAL**

**Children needing early or immediate dental care**

# People Involved in the Event

## **EVENT COORDINATOR**

Person coordinating the screenings, varnish, education and referrals for the school or agency.

Typically a School Nurse, Head Start Health Coordinator, County Nurse or Parent

## **SCREENER**

Dentist  
or  
Dental Hygienist

## **VARNISH VOLUNTEER**

Parent, Nurse,  
Teacher or any other  
Person Interested in  
Applying Varnish

## **OTHER ASSISTANT**

Parent, Nurse, Teacher or any  
other Person interested in  
helping with the details of  
the Event

- **You will be one of many involved in a PSP Event.**
- **That is the purpose of PSP. “Many hands working together for the oral health of the community.”**
- **Your role is to provide the oral health screenings for the children.**

# What is a Screening?



- **Not a thorough clinical exam, no x-rays are taken**
- **Does not involve making a clinical diagnosis that results in a treatment plan**
- **Does identify obvious decay**
- **Is conducted by licensed dentists and dental hygienists**



# Supplies

- **Ordered through the DHSS Oral Health Consultant by the coordinator of your local event**
- **Supplies from DHSS include:**
  - **Screening Forms**
  - **Disposable Mouth Mirrors**
  - **Toothbrushes and toothpaste**
  - **Floss**
  - **Educational Materials**



**Styles of toothbrushes and other supplies may differ from photo.**



# Other Items You May Need:



- Face Masks
- Gloves
- Light Source/Flashlight
- Eye Wear
- Hand Sanitizer

- These may or may not be provided by the coordinator of the event. Please check on this to verify what you will need to bring with you to the screening.
- Please refrain from using Loupes for the PSP oral screenings.
- “ The Basic Screening Survey diagnostic criteria are designed to be comparable to the National Health and Nutrition Examination Survey (NHANES) criteria. Because of this, we encourage BSS examiners to not use loupes.”

*Basic Screening Survey An Approach to Monitoring Community Oral Health Head Start and School Children ASSOCIATION OF STATE AND TERRITORIAL DENTAL DIRECTORS .Original Publication Date: 1999 Revised Editions: September 2003, December 2008, June 2015, July 2017*

# Set Up the Area



**Tip:** Position the chair near the wall so that the child can tilt his/her head back and rest against the wall.

- **Seek an area with good lighting.**
- **A straight back chair will be adequate for the screening.**
- **A table or desk top near your work area will help with supply access.**



# For Small Children



<http://www.scdhec.gov/health/mch/oral/early.htm>

**It will be easier to see  
in the mouths of  
infants and toddlers if  
you use knee to knee  
positioning.  
(lap exam)**

# Maintaining the Child's Privacy and Self-esteem

**Remember, some children will have dental decay and poor oral hygiene.**

- **Discuss findings with the child in such a way as to motivate, but also keep his/her dignity intact.**
- **Discuss findings quietly so that others cannot overhear.**





# Infection Control



- **CDC Level III-non contact with mucous membrane and/or blood.**
- **Gloves recommended, change with each child.**
- **Masks will decrease your chances of contracting colds/flu.**
- **Use hand disinfectant often.**



# Screening Form

 Missouri Department of Health and Senior Services/Office of Dental Health  
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 800-891-7415 or 573-751-5574  
  
**Preventive Services Program (PSP) Survey**

Screening Date: \_\_\_\_\_ School Name (Print, stamp, or affix a label): \_\_\_\_\_ County where event is held: \_\_\_\_\_

DO NOT LEAVE ANY QUESTIONS UNANSWERED, fill in the circle, no √ marks or X's. Comments in italics may assist screeners with completing this form.

**1. Gender:**  
☐ Male  
☐ Female

**2. Race/Ethnicity: *Best Guess***  
☐ African-American  
☐ American Indian  
☐ Asian or Pacific Islander  
☐ Hispanic  
☐ Multi-Racial  
☐ White  
☐ Unknown (Non White)

**3. Age:**  
☐ 0 to 11 Months  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10  
☐ 11  
☐ 12  
☐ 13  
☐ 14  
☐ 15  
☐ 16  
☐ 17  
☐ 18

**4. Grade:**  
☐ Preschool  
☐ Kindergarten  
☐ First Grade  
☐ Second Grade  
☐ Third Grade  
☐ Fourth Grade  
☐ Fifth Grade  
☐ Sixth Grade  
☐ Seventh Grade  
☐ Eighth Grade  
☐ Ninth Grade  
☐ Tenth Grade  
☐ Eleventh Grade  
☐ Twelfth Grade

**5. Oral Hygiene:**  
☐ Not Satisfactory: *Moderate-heavy plaque, red tissues*  
☐ Satisfactory: *Little to no plaque, pink firm tissues*

**6. Presence of Dental Sealants: *Only on permanent molars, includes partially retained sealants.***  
☐ No Sealants  
☐ Sealants

**7. History of Rampant Caries: *Decay, restorations, missing teeth due to decay on 7 or more teeth.***  
☐ No  
☐ Yes

**8. Treated Decay: *Any restoration, or missing teeth due to decay. Missing Teeth not due to decay should not be included.***  
☐ None  
☐ Primary Only  
☐ Primary and Permanent  
☐ Permanent Only

**9. Untreated Decay: *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.***  
☐ None  
☐ Primary Only  
☐ Primary and Permanent  
☐ Permanent Only

**10. Treatment Urgency:**  
☐ No Obvious Problem: *Currently no need for dental treatment*  
☐ Early Dental Care: *Cavitated lesions, treatment within several weeks*  
☐ Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

**FIVE (5) YEARS OLD AND YOUNGER: Complete the following two questions.**

**11. White Spot Lesions: (White spots on at least one primary max, anteriors).**  
☐ No  
☐ Yes

**12. Early Childhood Caries: (Caries history on at least one primary max, anteriors). *Decay, restorations, missing teeth due to decay.***  
☐ No  
☐ Yes

MO 580-3136 (4-19)

The PSP screening form uses the format of the **Basic Screening Survey (BSS)**. The BSS is the tool recommended by the **American Association of State and Territorial Dental Directors (ASTDD)** for the collection of screening data.

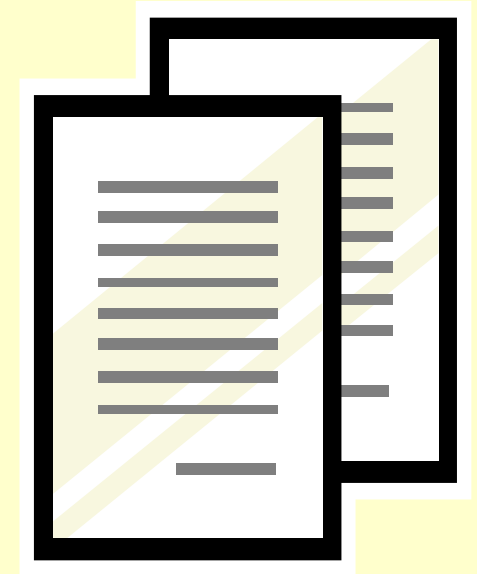
More information on the BSS can be accessed at:

[www.astdd.org](http://www.astdd.org)

**Please do not leave any questions unanswered.  
It is essential that each circle be completely filled in.  
Please do not use check marks, dashes, or lines.**

# Paperwork Issues

- **Screening is to be done by dentists or dental hygienists only. Others may help with recording the findings.**
- **The coordinator of your event will ascertain those children who have Parent/Guardian Consent. Screen only those children who have positive consent forms.**
- **Forms may be completed in either pen or pencil**
- **It is essential that each circle be completely filled in. Please do not use check marks, dashes or lines. Please do not leave any questions unanswered.**
- **All completed paperwork is to be given to the event coordinator for mailing to Jefferson City for scanning into the statewide database.**





# Coding Information



Missouri Department of Health and Senior Services/Office of Dental Health  
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 800-891-7415 or 573-751-5874



## *Preventive Services Program (PSP) Survey*

Screening Date:	School Name (Print, stamp, or affix a label):	County where event is held:
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DO NOT LEAVE ANY QUESTIONS UNANSWERED, *fill in the circle, no √ marks or X's. Comments in Italics may assist screeners with completing this form.*

- **Screen Date**
- **School Name**
- **County where event is held**

# Child Specific Information

## #1 Gender

- Visual observation

## #2 Race/Ethnicity

- Best guess

## #3 Age

- Ask the child

## #4 Grade

- Ask the child

In the interest of saving time, this information may be collected by someone other than the screener.



# Clear Viewing

- **Good light and retraction with a mouth mirror can make a difference.**
- **A toothbrush may be used to clear debris from an area.**



# Coding Oral Hygiene

## 5. Oral Hygiene:

- ☐ Not Satisfactory: *Moderate-heavy plaque, red tissues*
- ☐ Satisfactory: *Little to no plaque, pink firm tissues*

**Mark Oral Hygiene as either:**

– **Not Satisfactory**

- Moderate to heavy materia alba/plaque
- Red, enlarged tissues

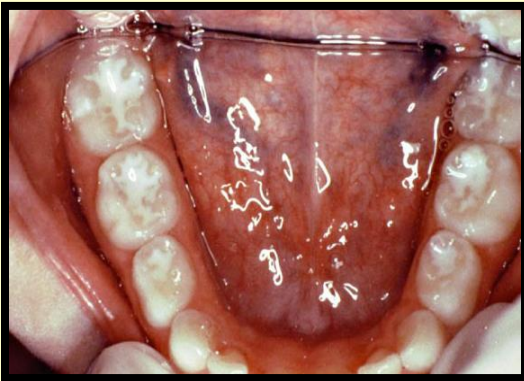
– **Satisfactory**

- Little to no visible materia alba/plaque
- Pink, firm tissues

**It is essential that each circle be completely filled in.**  
**Please do not use check marks, dashes or lines.**  
**Please do not leave any questions unanswered.**

# Coding the Presence of Dental Sealants

## Dental Sealants



## Glass Ionomer Composite Restorations



**6. Presence of Dental Sealants:** *Only on permanent molars, includes partially retained sealants.*

- ☐ No Sealants
- ☐ Sealants

- **ON PERMANENT MOLARS ONLY**
- **Choices in this section are:**
  - **No Sealants**
  - **Sealants (Includes Partially Retained Sealants)**
- **The presence of sealants may be difficult to detect with a visual screening only. Mark only those sealants that are readily detected and can be distinguished from glass ionomer composite restorations without a dental instrument.**

# History of Rampant Caries

- Decay
- Restorations
- Missing Teeth Due to Decay
- May be any or all of these
- **ON SEVEN OR MORE TEETH**

**7. History of Rampant Caries:** *Decay, restorations, missing teeth due to decay on 7 or more teeth.*

- ☐ No
- ☐ Yes



# Rampant Caries





# Coding Treated Decay

**8. Treated Decay:** *Any restoration, or missing teeth due to decay. Missing Teeth not due to decay should not be included.*

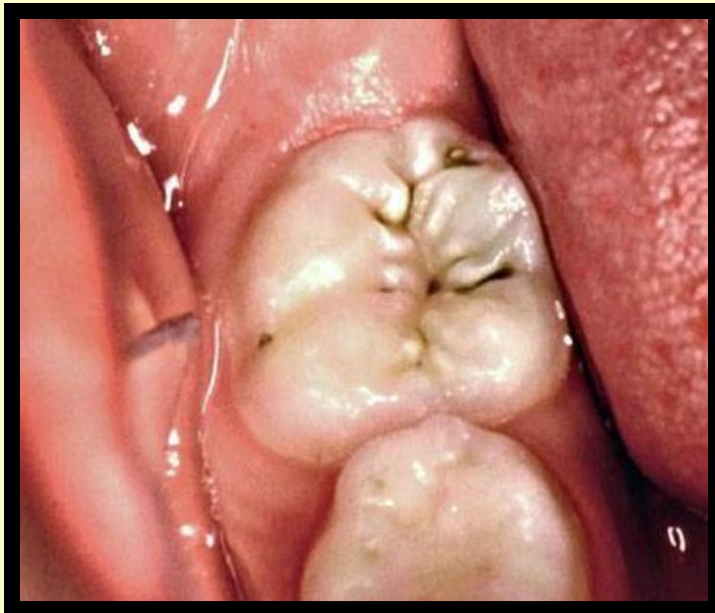
- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

- **Restorations-temporary or permanent**
- **Restorations-whether partially or fully retained**
- **Crowns-placed due to decay**
- **Missing teeth-as a result of decay**
- **Restored or missing teeth that are not a result of decay, are not to be considered as treated decay.**

# Coding Untreated Decay

**9. Untreated Decay:** *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only



- An area is coded as suspected untreated decay when the screener can readily observe **BOTH:**
  - A loss of at least 1/2 mm of tooth structure at the enamel surface, **AND**
  - Brown or darkening coloration of the tooth structure

# Other Points to Consider

- Retained roots = Untreated Decay
- Broken or chipped teeth are considered sound unless decay is also present
- Temporary fillings are NOT to be considered as untreated decay

**9. Untreated Decay:** *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

**Please do not leave any questions unanswered.  
It is essential that each circle be completely filled in.  
Please do not use check marks, dashes or lines.**

# Silver Diamine Fluoride (SDF)

- SDF arrests active carious lesions without local anesthesia
- Is applied directly to decayed lesions
- Advantageous for uncooperative young children, and children with high caries risk.
- SDF appearance is black and glossy
- It is considered arrested decay and is marked as untreated decay-question #9
- Question # 10- mark as no obvious problems

**9. Untreated Decay:** *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

**10. Treatment Urgency:**

- ☐ No Obvious Problem: *Currently no need for dental treatment*
- ☐ Early Dental Care: *Cavitated lesion, treatment within several weeks*
- ☐ Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

# Silver Diamine Fluoride (SDF)

- Although SDF treatments are not prevalent at this time we would like you to be familiar with it's appearance.
- The image to the right shows teeth E and F treated with SDF, notice the dark black coloring in the decayed lesions



Photos: Pediatric Dentistry V 38: No 3, May/June 2016

**9. Untreated Decay:** *Must be visible obvious decay. Retained roots, broken or chipped teeth are considered sound unless decay is present.*

- ☐ None
- ☐ Primary Only
- ☐ Primary and Permanent
- ☐ Permanent Only

# Rule of Thumb

**When in doubt, be conservative. That means that if you are not sure if decay is present, assume it is not.**



# #10 Treatment Urgency

## 10. Treatment Urgency:

- No Obvious Problem: *Currently no need for dental treatment*
- Early Dental Care: *Cavitated lesions, treatment within several weeks*
- Urgent Care: *Pain, infection, swelling, treatment within 24 hours*



# Treatment Urgency

## 10. Treatment Urgency:

- No Obvious Problem: *Currently no need for dental treatment*
- Early Dental Care: *Cavitated lesions, treatment within several weeks*
- Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

### “No Obvious Problem”

**Currently no need for dental treatment, but the child should see a dentist for regular check-ups.**

# No Obvious Problem



<http://aestheticfamilydentistryaz.com/wp-content/uploads>

# Treatment Urgency

## “Early Dental Care”

- **Cavitated lesion (no pain or infection, but lesion needs treatment)**
- **Precavitated lesion**

### 10. Treatment Urgency:

- No Obvious Problem: *Currently no need for dental treatment*
- Early Dental Care: *Cavitated lesion, treatment within several weeks*
- Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

**Dental care within next  
several weeks.**

# Early Dental Care



# Treatment Urgency

## “Urgent Care”

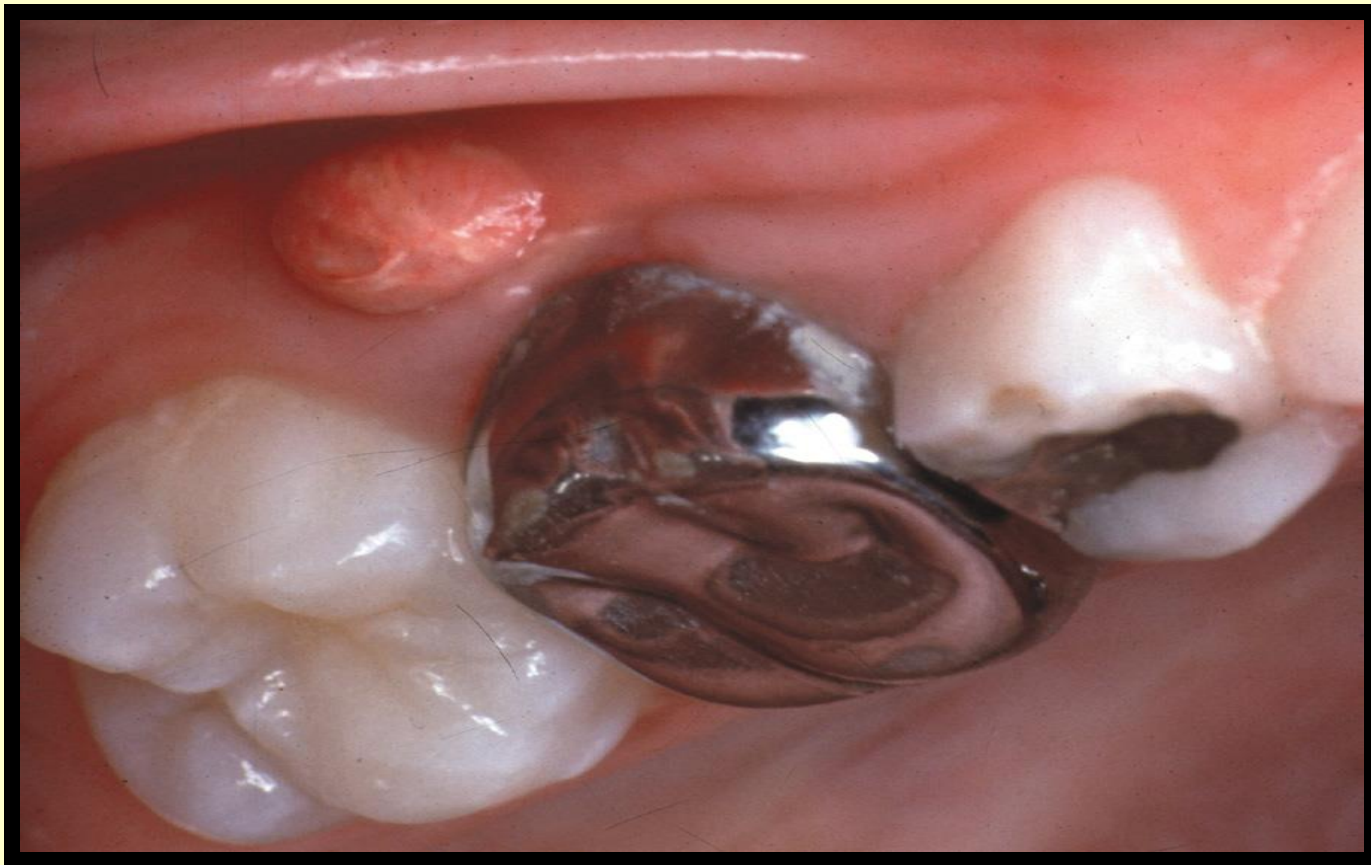
- **Signs and symptoms include *pain, infection or swelling***
- **Child has limitations in daily living, eating, playing, going to school, sleeping**

### 10. Treatment Urgency:

- ☐ No Obvious Problem: *Currently no need for dental treatment*
- ☐ Early Dental Care: *Cavitated lesions, treatment within several weeks*
- ☐ Urgent Care: *Pain, infection, swelling, treatment within 24 hours*

**Needs dental care within 24 hours.**

# Urgent Care





# Urgent Care



<http://www.scielo.br/img/revistas/jaos>

# White Spot Lesions

## White Spot Lesions

- Presence of white spot lesions on at least one of the primary maxillary anterior teeth of a child five years old and younger
- You may screen for this at the same time you screen for early childhood caries



**FIVE (5) YEARS OLD AND YOUNGER: Complete the following two questions.**

**11. White Spot Lesions: (White spots on at least one primary max, anteriors).**

- ☐ No
- ☐ Yes

# White Spot Lesions



<http://earlychildhoodcariesresourcecenter.elsevier.com>

# Early Childhood Caries

## Early Childhood Caries

- Decay
- Restorations
- Missing Teeth Due to Decay
- May be any or all of these

PRESENCE OF AT LEAST  
ONE OF THE ITEMS  
LISTED ABOVE ON  
MAXILLARY ANTERIOR  
TEETH OF A CHILD FIVE  
YEARS OLD AND  
YOUNGER

FIVE (5) YEARS OLD AND YOUNGER: Complete the following two questions.

12. Early Childhood Caries: (Caries history on at least one primary max, anteriors). *Decay, restorations, missing teeth due to decay.*

- ☐ No  
☐ Yes

# Early Childhood Caries



<http://www.babydds.com/pediatric-dental-topics>

# Test Your Knowledge

**What code would you use for the following teeth?**





# Untreated Decay?



**Untreated Decay?  
Early Childhood Caries?  
White Spot Lesions?**



# Treatment Urgency?



# Treatment Urgency?



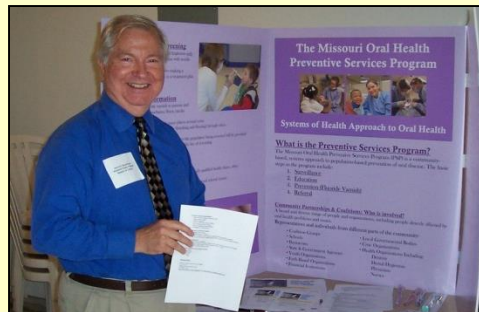


# Treatment Urgency?



<http://www.scielo.br/img/revistas/jaos>

# Thank You for Joining with Others to Improve the Oral Health of Missouri's Children





# Questions?

## Contact

**Department of Health and Senior Services  
Office of Dental Health/Oral Health Program  
573-751-5874 or 800-891-7415**

**<http://health.mo.gov/living/families/oralhealth/psp>**

**To locate the Oral Health Program Consultant  
Nearest You**